



## FUNERAL DIRECTOR APPRENTICESHIP

### APPLICATION FOR INITIAL APPRENTICE CONTRACT AND PERMIT

**IMPORTANT:** This application must be completed and accompanied by the permit fee, official transcripts and the Certificate of Employer (Form #387).

#### FOR OFFICE USE ONLY

PERMIT #: \_\_\_\_\_

START DATE: \_\_\_\_\_

EXPIRES: \_\_\_\_\_

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

☐ Your name and address are available to the public.

**PLEASE TYPE OR PRINT IN INK** ☐ Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.).

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth ____ month ____ day ____ year	Daytime Telephone Number (____) _____ - _____
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Ethnic/gender status information is optional.	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Ethnic: <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other
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Have you ever held a license/credential in the state of Wisconsin? \_\_\_\_ Yes \_\_\_\_ No (please indicate)

If yes, provide your Wisconsin license/credential number. \_\_\_\_\_

Military Veteran Yes No Not Sure	Applicant Education and Training Background: Circle the highest school year completed: 8 9 10 11 12 13 14 15 16 17 18 19 20 GED HSED
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College or University You Attended for Your First Year of Education (name, address, dates): **Submit the official transcript along with this application.**

#### For Receiving Use Only

**Are you currently:** ☐ Attending Mortuary School  
☐ Serving Internship

If so, provide dates. \_\_\_\_\_

If not, give date of expected enrollment. \_\_\_\_\_

Previous Funeral Director Experience:

**Application Fee:** Make check payable to Department of Regulation and Licensing and attach to application.

\$ 10.00 Apprentice permit fee

# EMPLOYER APPLICATION

Establishment Name: \_\_\_\_\_ License #: \_\_\_\_\_  
Establishment Address: \_\_\_\_\_  
Name of Owner: \_\_\_\_\_ Wis. Unemployment #: \_\_\_\_\_  
Name of Funeral Director Sponsor \_\_\_\_\_ License #: \_\_\_\_\_  
Daytime Telephone #: \_\_\_\_\_ FAX #: \_\_\_\_\_  
Year Business Started: \_\_\_\_\_ Trained Apprentices Before? Yes No  
Will embalming be performed at this location? Yes No  
If No, provide the name and address of the embalming location:  
\_\_\_\_\_

Number of funerals performed in the previous year at the establishment: \_\_\_\_\_  
Number of licensed funeral directors in this establishment: \_\_\_\_\_  
Number of apprentices in this establishment: \_\_\_\_\_  
Starting hourly wage for a licensed funeral director in this establishment: \$ \_\_\_\_\_  
Proposed Apprenticeship Start Date: (NOTE: Apprentice may not begin practicing  
until the Contract and Permit have been approved.) \_\_\_\_\_

## NAMES OF LICENSED FUNERAL DIRECTORS AND APPRENTICES NOW EMPLOYED AT ESTABLISHMENT

Name	Date Employed or Contract Issued	License Number
1.		
2.		
3.		
4.		

Attach an additional sheet, if necessary.

Any misrepresentation contained herein shall be grounds for denial of your request for an apprentice.

\_\_\_\_\_  
Signature of Licensed Funeral Director Sponsor

\_\_\_\_\_  
Date Signed

# APPRENTICE INFORMATION

## STATEMENT OF ARREST OR CONVICTION: MARK AN X IN THE APPROPRIATE BOX.

If you answer **YES** to any questions, give all details on a separate sheet.

- |  | <u>YES</u>               | <u>NO</u>                |
|--|--------------------------|--------------------------|
| A. Have you ever been convicted of a *misdemeanor or a felony, or driving while intoxicated (DWI), in this or any other state, <b>OR</b> are criminal charges or DWI charges currently pending against you? <u>If YES, complete and attach Form #2252.</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? <u>If YES, give details on an attached sheet, including the name of the profession and the agency.</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? <u>If YES, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Is disciplinary action pending against you in any jurisdiction? <u>If YES, attach a sheet providing details about pending action, including the name of the agency and status of action.</u>  | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Have any suits or claims ever been filed against you as a result of professional services? <u>If YES, submit a copy of the claim or suit and a copy of the final settlement or disposition.</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Do you currently hold, or have you in the past held, any credential (license) issued by the Department of Regulation and Licensing or any of the Boards? <u>If YES, what type of credential?</u>  | <input type="checkbox"/> | <input type="checkbox"/> |

And if in another name, what name? \_\_\_\_\_

\*Note: An arrest or conviction does not automatically disqualify an applicant. Consideration of the record by the Board is subject to sec. 111.321, 111.322, and 111.335, Stats.

## AFFIDAVIT OF APPRENTICE APPLICANT

I state that I am the person referred to on this application and that all the answers set forth are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of my credential. I also understand that if I am issued a credential (permit), failure to comply with the laws or rules of either the Funeral Directors Examining Board or the Department of Regulation and Licensing will be cause for disciplinary action.

\_\_\_\_\_  
Signature of Apprentice Applicant

\_\_\_\_\_  
Date

# Wisconsin Department of Regulation & Licensing

**SOCIAL SECURITY NUMBER.** Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.<sup>1</sup> A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

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First Name

Middle Initial

Last Name

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Profession

Date of Birth

\_\_\_\_\_  
month

\_\_\_\_\_  
day

\_\_\_\_\_  
year

-  -

Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,<sup>2</sup> to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,<sup>3</sup> and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.<sup>4</sup>

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<sup>1</sup> Section 440.03 (11m), Wis. Stats.

<sup>2</sup> Sections 49.22, and 440.13, Wis. Stats.

<sup>3</sup> Section 440.12, Wis. Stats.

<sup>4</sup> Health Insurance Portability and Accountability Act (HIPAA) of 1996